

## PART B - FEE(S) TRANSMITTAL

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04/07/2005

**GEORGE O. SAILE & ASSOCIATES**  
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06/13/2005 HGUTEMA2 00000068 190033 10005807

01 FC:2501 700.00 DA  
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Stephen B. Ackerman (Depositor's name)  
Stephen B. Ackerman (Signature)  
June 8, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/005,807	12/05/2001	Tah-Kang Joseph Ting	ET01-003	9409

TITLE OF INVENTION: LCD CONTROLLER WHICH SUPPORTS A NO-SCALING IMAGE WITHOUT A FRAME BUFFER

APPLN. TYPE	SMALL ENTITY	ISSUE-FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	07/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENGISTU, AMARE	2673	345-087000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. George D. Saile  
 2. Stephen B. Ackerman  
 3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ETRON TECHNOLOGY INC.

Hsin-Chu, Taiwan, R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0033 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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